



A Joint Statement Issued from Utah's  
Environmental and Health Agencies

## News Release

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Contact:  
Jana Kettering  
Public Information Officer  
Utah Department of Health  
801-538-6339

### **Public Health Will Enhance Bioterrorism Monitoring During the 2002 Winter Olympic Games**

(Salt Lake City, UT) – Over the past few years, detecting and responding to bioterrorism has become part of the routine public health disease surveillance role. However, available funding and competing priorities have left implementation proceeding at a slow pace in most communities across the U.S. But with the Salt Lake City 2002 Winter Olympic Games looming, the Utah Department of Health (UDOH) and six \*local health departments have developed a system of more rapid and extensive identification of both initial symptoms and confirmed diagnoses that may suggest a bioterrorism event or other large scale infectious disease outbreak. The recent anthrax events only reinforced to Utah's public health officials that they were on the right track. This system will greatly enhance the ability of Utah's public health agencies to recognize and respond to natural or unintentionally caused outbreaks of diseases like influenza and food poisoning as well as intentional or terrorist acts involving anthrax or other bioterrorism agents.

For many years routine public health disease surveillance has depended on health care providers, laboratories, and other reporting sources remembering to report cases of "notifiable diseases" after the diagnosis was made. Public health analysts reviewed these reports to determine if the number of cases reported fit within the parameters of what is known to be 'normal' for that disease at that time of year. Although this system has generally performed well over the years, it has at times resulted in the delayed or totally missed identification of important disease outbreaks.

The enhanced disease monitoring system that will be used during the Olympics actively solicits information on a daily or more frequent basis as needed from "sentinel reporting sites," which include a representative sample of hospitals, clinics, pharmacies, veterinarians, worksites and other locations. This information will include not only confirmed diagnoses of contagious diseases, but suspicious presenting symptoms such as

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severe respiratory, gastrointestinal, central nervous system, and skin complaints. The first review of this information is done at the local level by a healthcare delivery system or local health department. The information is also submitted to the UDOH for the identification of trends across these local systems. This broader level of review is essential given the mobility of our society in seeking health care services and the potentially critical difference between the identification of one or two cases of a disease at each of several local sites and the recognition that there are ten or fifteen cases across these sites that could indicate the beginning of an outbreak.

In addition to these disease-monitoring efforts, public health agencies will be working with other agencies to regularly inspect and monitor air, water, food, and other potential sources of infectious agents. They also have staff trained in microbiology and epidemiology acting as consultants to the law enforcement community.

Public health is also at risk when bioterrorism is aimed at livestock. A number of livestock diseases are zoonotic, meaning they can potentially be transmitted to humans. Bovine tuberculosis could be transmitted through respiratory means; Salmonella could be transmitted through fecal contamination; E.coli O157:H7 and mad cow disease could be transmitted through the food chain. As a result of these ongoing threats and the recent Foot and Mouth Disease outbreak in Great Britain, the Utah Department of Agriculture and Food has strengthened Utah livestock owners' biosecurity awareness and prevention

If a large-scale infectious disease outbreak were to occur, public health officials along with hospitals, emergency medical services and others would activate a set of private, local, state and federal emergency response plans. These plans have been in place for years, and have undergone extensive review, revision, and testing for several months leading up to the Games. These plans address the handling of samples, decontamination strategies, private health care facility and staff roles, distribution of needed medications and medical supplies, isolation and quarantine authority and techniques, request and activation of federal assistance, alternative communication mechanisms, and many other aspects of the health system response to a major community emergency situation.

\*Local health departments: Davis County Health Department, Salt Lake Valley Health Department, Summit County Health Department, Utah County Health Department, Wasatch County Health Department, and Weber-Morgan Health Department

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